

SECTION 1

MO HealthNet PROGRAM RESOURCES

Informational Resources available at www.dss.mo.gov/mhd

CONTACTING MO HealthNet

PROVIDER COMMUNICATIONS

The following phone numbers are available for MO HealthNet (formerly Missouri Medicaid) providers to call with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

Provider Communications	(573) 751-2896
Interactive Voice Response (IVR)	(573) 635-8908

A new function has been added to the (573) 751-2896 Provider Communications Unit telephone number. When you call the number, you no longer get a busy signal but instead you are automatically transferred to the IVR. Anytime during the IVR options, you may select "0" to speak to the next available specialist. Your call will be put into a queue and will be answered in the order it was received. The Provider Communications Unit also processes written inquiries. Written inquiries should be sent to:

Provider Communications Unit
PO Box 5500
Jefferson City, Missouri 65102

The (573) 635-8908 number provides an interactive voice response (IVR) system that can address participant eligibility, last two check amounts and claim status inquiries. It also provides access to a MO HealthNet phone specialist. Providers must use a touchtone phone to access the IVR.

INFOCROSSING HEALTHCARE SERVICES, INC. HELP DESK **(573) 635-3559**

Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and assistance with the Infocrossing Internet billing service.

PROVIDER ENROLLMENT

Providers can contact Provider Enrollment via E-mail as follows for questions regarding enrollment applications: providerenrollment@dss.mo.gov.

Changes regarding address, ownership, tax identification number, name (provider or practice), or Medicare number must be submitted in writing to:

Provider Enrollment Unit
MO HealthNet Division
PO Box 6500
Jefferson City, Missouri 65102

THIRD PARTY LIABILITY**(573) 751-2005**

Call the Third Party Liability Unit to report injuries sustained by MO HealthNet participants, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a MO HealthNet participant.

PROVIDER EDUCATION**(573) 751-6683**

Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for MO HealthNet claims. Contact the Unit for training information and scheduling.

PARTICIPANT SERVICES**(800) 392-2161 or (573) 751-6527**

The Participant Services Unit assists participants regarding access to providers, eligibility, covered and non-covered services and unpaid medical bills.

MO HEALTHNET PHARMACY AND MEDICAL PRE-CERTIFICATION HELP DESK**(800) 392-8030**

Providers can call this toll free number to: request a pre-certification for a radiological procedure (CAT scan and MRI); to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the MO HealthNet program; to request information on Medicare Part D; or, to request a drug prior authorization. The MO HealthNet fax line for non-emergency service or equipment exception requests only is (573) 522-3061; the fax line to obtain a drug prior authorization is (573) 636-6470. Do **not** use either of these numbers for requests for pre-certifications of MRI and CAT scan procedures.

Effective July 17, 2006, MHD implemented pre-certification for certain radiological procedures (CT and MRI). In order for providers to be reimbursed for these services, the participant must meet certain medical criteria and the physician must obtain the pre-certification for the procedure unless performed in an inpatient hospital or emergency room setting. Approved pre-certification requests are given a 14 day approval period.

The list of medical imaging procedures and durable medical equipment and supplies that currently require pre-certification along with the related medical criteria can be referenced at the MO HealthNet Web site
www.dss.mo.gov/mhd/cs/medprecert/pages/medprecert.htm.

Before initiating a request, providers are encouraged to sign up for the MO HealthNet web tool – **CyberAccess** – which automates the pre-certification process.

To become a CyberAccess user, **contact the ACS Heritage help desk at 1-888-581-9797 or 573-632-9797, or send an E-mail to MoHealthNetCyberAccess@heritage-info.com.** The CyberAccess tool allows each request for pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and CPT procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030 option 2. Requests must meet medical criteria established by MHD in order to be approved.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) INFORMATION

Billing providers who want to exchange electronic information transactions with MO HealthNet can access the *HIPAA-EDI Companion Guide* online by going to the MO HealthNet Division Web page at www.dss.mo.gov/mhd and clicking on the "Providers" link at the top of the page. On the Provider Participation page, click on the HIPAA-EDI Companion Guide link in the column on the left hand side of the page. This will take you directly to the EDI Companion Guide and X12N Version 4010A1 Companion Guide links.

For information on the MO HealthNet Trading Partner Agreement, click on the link to Section 1- Getting Started, then select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

INTERACTIVE VOICE RESPONSE (IVR) **(573) 635-8908**

The Provider Communications Unit Interactive Voice Response (IVR) system, (573) 635-8908, requires a touchtone phone. The nine-digit MO HealthNet provider number **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options except option "0". Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

- Option 0 Provides access to a MO HealthNet phone specialist.
If all the specialists are busy with other calls, the caller is put into a queue until the next specialist is available. Calls are taken in the order in which they are received. Callers selecting this option are limited to three inquiries per call. Limiting the number of inquiries to three allows communications specialists to respond to more provider calls.
- Option 1 Participant Eligibility
Participant eligibility **must** be verified **each** time a participant presents and should be verified **prior** to the service. Eligibility information can be

obtained by a participant's MO HealthNet number (DCN), social security number and date of birth, or if a newborn, using the mother's MO HealthNet number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.

Option 2 Last Two Check Amounts

Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.

Option 3 Claim Status

After entering the participant's MO HealthNet number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).

INTERNET SERVICES FOR MO HealthNet PROVIDERS

The MO HealthNet Division, in cooperation with Infocrossing Healthcare Services, has an Internet service for MO HealthNet providers. MO HealthNet providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify participant eligibility;
- Obtain remittance advices (RAs);
- Submit adjustments;
- Submit attachments;
- View claim, attachment and prior authorization (PA) status; and
- View and download public files.

The Web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the Web site services. To participate in the service, the provider must apply online at www.dss.mo.gov/mhd/providers/index.htm. Each user is required to complete this online application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID and password. Once the user ID and password have been received, the user can begin using the www.emomed.com Web site. The password can be changed to one of the user's own choice.

Questions regarding the completion of the online Internet application should be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

An authorization is required for each individual person within a provider's office or a billing service who will be accessing the Internet site.

This Web site, www.emomed.com, allows for the submission of the following HIPAA compliant transactions:

837 Institutional Claims	Batched or Individual
837 Professional Claims	Batched or Individual
837 Dental Claims	Batched or Individual
270 Eligibility Inquiry	Batched or Individual
276 Claim Status Inquiry	Batched or Individual

The following standard responses are generated:

835 Remittance Advice	Batch or Printable RA
271 Eligibility Response	Batch or Individual
277 Claim Status Response	Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. However, the user (provider) must have the proper Web browser. The provider must have one of the following Web browsers: Internet Explorer 6.0 or higher or Netscape 7.0 or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING PARTICIPANT ELIGIBILITY THROUGH THE INTERNET

Providers can access MO HealthNet participant eligibility files via the Web site. Functions include eligibility verification by participant ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MO HealthNet CLAIMS SUBMISSION THROUGH THE INTERNET

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- 837 - Health Care Claim
 - Professional
 - Dental
 - Institutional (hospital inpatient and outpatient, nursing home, and home health care)
- Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

Note – Currently, some claims cannot be submitted electronically if an attachment is required unless the attachment is one of the following that can be submitted via the Infocrossing Internet Web service: Sterilization Consent, Second Surgical Opinion, Acknowledgement of Receipt of Hysterectomy Information, the PI-118 Referral (Lock-In) form, Certificate of Medical Necessity or the Invoice of Cost.

OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET

The MO HealthNet program phased out the mailing of paper Remittance Advices (RAs). Providers no longer receive both paper and electronic RAs. If the provider or the provider's billing service currently receives an electronic RA, (either via the emomed.com Internet Web site or other method), paper copies of the RA were discontinued. All providers and billers must have Internet access to obtain the printable electronic RA via the Infocrossing internet service, emomed.com.

Receiving the Remittance Advice via the Internet is beneficial to the provider or biller's operation. With the Internet RA, a user can:

- Retrieve the RA the Monday following the weekend claim processing cycle (two weeks earlier than receipt of the paper RA);
- Have access to RAs for 62 days (the equivalent of the last four cycles);
- View and print the RA from the desktop; and,
- Download the RA into the provider or biller's operating system for retrieval at a later date.

The Internet RA is viewable and printable in a ready to use format. Just point and click to print the RA or save it to the computer system for printing at the user's convenience.

To sign up for this service, see the instructions at the beginning of this information on Internet services. If a provider does not have access to the Internet, contact the Infocrossing Help Desk, (573) 635-3559, to learn how to obtain a paper remittance.

ADJUSTMENTS THROUGH THE INTERNET

Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and Nursing Home claims for a "Frequency Code" that will allow either a 7 – Replacement (Adjustment) or an 8 – Void (Credit). This will control an individual adjustment or void, but not group adjustments or voids. Claim adjustments and credits can be submitted by utilizing the CLM, field CLMO5-3, segment of the 837 Health Care Claim.

RECEIVE PUBLIC FILES THROUGH THE INTERNET

Several public files are available for viewing or downloading from the Web site including the claims processing schedule for the State fiscal year which begins July 1 and ends June 30. Providers also have access to a listing of the HIPAA related claim codes and other HIPAA related codes.

SUBMIT ATTACHMENTS AND FORMS THROUGH THE INTERNET

Providers can submit required attachments and forms via the Internet as an option to mailing paper versions to MO HealthNet. A paper copy of any attachment or form submitted via the Internet must be kept with the patient's record. The following forms can be submitted through the Infocrossing Internet service.

Sterilization Consent,
Second Surgical Opinion,
PI 118 Referral (administrative lock-in), and,
Acknowledgment of Receipt of Hysterectomy Information
Certificate of Medical Necessity
Invoice of Cost

**MO HealthNet PROVIDER MANUALS
AND BULLETINS ONLINE
www.dss.mo.gov/mhd/providers/index.htm**

MO HealthNet provider manuals are available online at the MHD Web site, www.dss.mo.gov/mhd/providers/index.htm. Scroll to the bottom of the Provider Participation page and click on the "Provider Manuals" link. The next page that opens gives instructions on how to use the Table of Contents listed on the left side of this page.

MO HealthNet provider bulletins are also available at the MO HealthNet Web site. The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. To access the bulletins, click on the Provider Bulletin link on the Provider Participation page. The bulletins appear online at this location until the provider manuals are updated with the information contained in the bulletins. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.

CLAIMS PROCESSING SCHEDULE FOR STATE FISCAL YEAR 2008

Cycle Run/Remittance Date* -

Friday, June 22, 2007
Friday, July 6, 2007
Friday, July 20, 2007
Friday, August 3, 2007
Friday, August 24, 2007
Friday, September 7, 2007
Friday, September 21, 2007
Friday, October 5, 2007
Friday, October 19, 2007
Friday, November 9, 2007
Friday, November 23, 2007
Friday, December 7, 2007
Friday, December 21, 2007
Friday, January 4, 2008
Friday, January 25, 2008
Friday, February 8, 2008
Friday, February 22, 2008
Friday, March 7, 2008
Friday, March 21, 2008
Friday, April 4, 2008
Friday, April 18, 2008
Friday, May 9, 2008
Friday, May 23, 2008
Friday, June 6, 2008

Check Date -

Thursday, July 5, 2007
Friday, July 20, 2007
Monday, August 6, 2007
Monday, August 20, 2007
Wednesday, September 5, 2007
Thursday, September 20, 2007
Friday, October 5, 2007
Monday, October 22, 2007
Monday, November 5, 2007
Tuesday, November 20, 2007
Wednesday, December 5, 2007
Thursday, December 20, 2007
Monday, January 7, 2008
Tuesday, January 22, 2008
Tuesday, February 5, 2008
Wednesday, February 20, 2008
Wednesday, March 5, 2008
Thursday, March 20, 2008
Monday, April 7, 2008
Monday, April 21, 2008
Monday, May 5, 2008
Tuesday, May 20, 2008
Thursday, June 5, 2008
Friday, June 20, 2008

*The Cycle Run Dates are tentative dates calculated by MO HealthNet. The dates are subject to change without prior notification.

*All claims submitted electronically to Infocrossing Healthcare Services, must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

State Holidays

July 4, 2007 Independence Day
September 3, 2007 Labor Day
October 8, 2007 Columbus Day
November 12, 2007 Veteran's Day
November 22, 2007 Thanksgiving
December 25, 2007 Christmas

January 1, 2008 New Year's Day
January 21, 2008 Martin Luther King Day
February 12, 2008 Lincoln's Birthday
February 18, 2008 Washington's Birthday
May 8, 2008 Truman's Birthday
May 26, 2008 Memorial Day